Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 1 of 65 Fill in this information to identify your case: United States Bankruptcy Court for the: Northern District of Illinois Case number (If known): Chapter you are filing under: Chapter 7 ☐ Chapter 11 Chapter 12 ☐ Chapter 13 Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/15 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Beverly government-issued picture First name identification (for example, First name your driver's license or Sherrell passport). Middle name Middle name Reed Bring your picture identification to your meeting Last name Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name vears Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - <u>7</u> <u>1</u> <u>3</u> <u>5</u> xxx - xx - _____ your Social Security number or federal OR Individual Taxpayer $9 xx - xx -_{-}$ Identification number 9 xx - xx -_____

(ITIN)

Document

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 2 of 65

Debtor 1

Beverly First Name Sherrell Reed

Case number (if known)_

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN
	EIN	EN
5. Where you live		If Debtor 2 lives at a different address:
	8325 S. Ada St.	
	Number Street	Number Street
	Chicago IL 60620 City State ZIP Code	City State ZIP Code
	July 2006	City State ZIP Code
	Cook County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main

Document

Page 3 of 65

Debtor 1

Sherreil Reed

Case number (if known)

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						7	

Tell the Court About Your Bankruptcy Case

. 7	The chapter of the Bankruptcy Code you	Check for Box	one. (For	r a brief description of each, see	lotice Required by	11 U.S.C. § 342(b) for Individuals Filing
:	are choosing to file	ioi Dai	apter 7	(Form 2010)). Also, go to the top	of page 1 and check	the appropriate box.
	under		apter / apter 11	1		
			-			
			apter 12			
,resuga.	entral desarge este all to be at the state of the state o	u Cn	apter 13			POSICINATE TO CONTROL CONTROL OF THE PROPERTY AND
8	. How you will pay the fee	you sub	ar count r irself, yo imitting y	for more details about how yo ou may pay with cash, cashier	ม may pay. Typica s check. or mone	theck with the clerk's office in your ally, if you are paying the fee by order. If your attorney is y pay with a credit card or check
		□ I ne <i>App</i>	ed to pa	ay the fee in installments. If for Individuals to Pay The Filli	you choose this o	option, sign and attach the ents (Official Form 103A).
·		less pay	than 15 the fee i	age may, but is not required to 50% of the official poverty line), waive your fee, that applies to yo this option, you r	otion only if you are filing for Chapter 7. and may do so only if your income is our family size and you are unable to must fill out the <i>Application to Have the</i> t with your petition.
9.	Have you filed for	☑ No				
	bankruptcy within the last 8 years?	☐ Yes.	District	Whe	n	_ Case number
			District	Whe		Case number
			District _	Whe	MM / DD / YYYY	Case number
			District _	Whe		Case number
10	Are any bankruptcy		***************************************			
10.	cases pending or being	☑ No	D-Li-			
	filed by a spouse who is not filing this case with	Yes.	District			Relationship to you
	you, or by a business partner, or by an affiliate?		District _	Whe	MM / DD / YYYY	Case number, if known
			Debtor _			Relationship to you
			District _	Wher	MM / DD / YYYY	Case number, if known
	Do you rent your	□ No.	Go to line	e 12.		
	residence?	Yes.	Has your residence	r landlord obtained an eviction jud e?	gment against you	and do you want to stay in your
			No. G	Go to line 12.		
				Fill out <i>Initial Statement About an</i> pankruptcy petition.		Against You (Form 101A) and file it with

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 4 of 65

Debtor 1

Beverly Sherrell Reed
First Name Middle Name Last Name

Case number (if known)_____

Part 3: Report About Any	Busine	sses You Own as a Sole Proprietor
12. Are you a sole proprietor of any full- or part-time	Ø No	o. Go to Part 4.
business?	☐ Ye	es. Name and location of business
A sole proprietorship is a business you operate as an		
individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any
LLC. If you have more than one sole proprietorship, use a separate sheet and attach it		Number Street
to this petition.		City State ZIP Code
		Check the appropriate box to describe your business:
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
		☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
	······································	□ None of the above
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	most re	are filing under Chapter 11, the court must know whether you are a small business debtor so that it appropriate deadlines. If you indicate that you are a small business debtor, you must attach your cent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
debtor? For a definition of small	🗹 No.	I am not filing under Chapter 11.
business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
	☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4: Report if You Own o		
Report if You Own o	r Have	Any Hazardous Property or Any Property That Needs Immediate Attention
4. Do you own or have any	⊘ No	
property that poses or is alleged to pose a threat	Yes.	What is the hazard?
of imminent and		
identifiable hazard to public health or safety?		
Or do you own any		
property that needs immediate attention?		If immediate attention is needed, why is it needed?
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		

City

Number

Street

Where is the property?

ZIP Code

State

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 5 of 65 Document

Debtor 1

Sherrell Reed

Case number (if known)

Part 5:

Explain Your Effor

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

ts to Receive a Briefing About Credit Counseling	
About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
You must check one:	You must check one:
✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.	☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.	☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.	☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.	If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
☐ I am not required to receive a briefing about credit counseling because of:	☐ I am not required to receive a briefing about credit counseling because of:
I have a mental illness or a mental deficiency that makes me incapable of realizing or making	Incapacity. I have a mental illness or a mental deficiency that makes me

through the internet, even after I reasonably tried to do so.

Disability.

Active duty. I am currently on active military duty in a military combat zone.

rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	incapable of realizing or making rational decisions about finances
Disability.	My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main

Document

Page 6 of 65

Debtor 1

Beverly Sherrell Reed
First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Qu	estions for Reporting Purpo	Oses	
16. What kind of debts do you have?	16a. Are your debts prim as "incurred by an indivic	arily consumer debts? Consumer deduction designs of the debts?	bts are defined in 11 U.S.C. § 101(8)
•	No. Go to line 16b. Yes. Go to line 17.		,
	16b. Are your debts prima money for a business or	arily business debts? Business debts investment or through the operation of the	are debts that you incurred to obtain business or investment.
	☐ No. Go to line 16c. ☐ Yes. Go to line 17.		
	16c. State the type of debts yo	ou owe that are not consumer debts or bu	siness debts.
17. Are you filing under Chapter 7?	☐ No. I am not filing under 0	Chapter 7. Go to line 18.	
Do you estimate that after any exempt property is excluded and administrative expenses	Yes. I am filing under Chap administrative expens	oter 7. Do you estimate that after any exer ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
are paid that funds will be available for distribution to unsecured creditors?	Yes		
18. How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
9. How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
How much do you estimate your liabilities to be?	□ ,\$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
or you	I have examined this petition, a	nd I declare under penalty of perjury that t	he information provided is true and
or you	correct. If I have chosen to file under Ch	apter 7, I am aware that I may proceed, if understand the relief available under eac	eligible under Chapter 7, 11, 12, or 13
	If no attorney represents me and this document, I have obtained a	d I did not pay or agree to pay someone wand read the notice required by 11 U.S.C.	ho is not an attorney to help me fill out § 342(b).
	I request relief in accordance wit	th the chapter of title 11, United States Co	de, specified in this petition.
	I understand making a false stat with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a	ement, concealing property, or obtaining r Ilt in fines up to \$250,000, or imprisonmen and 3571.	noney or property by fraud in connection t for up to 20 years, or both.
	Signature of Debtor 1	Reed *	A Dalaman
	Executed on	·	
		[]]	MM / DD / YYYY

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 7 of 65

Debtor 1

Beverly Sherrell Reed

Case number (if known)_____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious ac consequences?	tion with long-t	erm financial and legal
☐ No ☑ Yes		
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or impriso No Yes	and that if you ned?	ir bankruptcy forms are
Did you pay or agree to pay someone who is not an att	orney to help y	ou fill out your bankruptcy forms?
Yes. Name of Person	laration, and Si	gnature (Official Form 119).
By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware t attorney may cause me to lose my rights or property if I	hat filing a bar	kruptcy case without an
Burry S. Red X		
Signature of Debtor 1	Signature of De	ebtor 2
Date <u>15-1517</u> MM / DD / YYYY	Date	MM / DD /YYYY
Contact phone	Contact phone	
Cell phone	Celi phone	
Email address Been 1235 agmail	Email address	

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 8 of 65

Fill in this	information to ic	lentify your case:			
Debtor 1	Beverly	Sherrell	Reed		
	First Name	Middle Name	******	Last Name	
Debtor 2					
(Spouse, if filing	g) First Name	Middle Name		Last Name	
United States	Bankruptcy Court f	for the: Northern Distric	ct of Illinois		
Case number	r				
	(If known)	****			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

eas complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amei ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	for supplying correct nded schedules after you file
art 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.	s
1b. Copy line 62, Total personal property, from Schedule A/B	\$190.00
1c. Copy line 63, Total of all property on Schedule A/B	s 190.00
	\$ 190.00
rt 2: Summarize Your Liabilities	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 0.00 + \$ 90,445.00
33. Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	\$ 2,982.00
Copy your combined monthly income from line 12 of Schedule I	<u> </u>
Schedule J: Your Expenses (Official Form 106J)	s 2,916.00
Copy your monthly expenses from line 22c of Schedule J	\$ 2,916.00

Case 17-15331 Doc 1

Answer These Questions for Administrative and Statistical Records

Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main

Debtor 1

Part 4:

Document Reed

Page 9 of 65 Sherrell Case number (if known)_

a. Are you filling for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? ☑ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Ctaims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as prionty claims. (Copy line 6g.) 9g. Total. Add lines 9a through 9f.				
## What kind of debt do you have? ✓ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ### From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$	6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11: OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: 1. Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 1. Taxes and certain or personal injury while you were similar debts. (Copy line 6h.) 9 Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 9 Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	2003400-	☐ No. You have nothing to report on this part of the form. Check this box and submit this ☐ Yes	form to the court with your othe	r schedules.
Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00 9d. Student loans. (Copy line 6f.) \$ 45,283.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00	7.	What kind of debt do you have?	en telepakan seman dan Grasi salahing dan belangkan sekat dan dibungkan belangkan belangkan dan belangkan dibungkan	e Printe Period (Color Period Per Period Period (Color Period
8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00		Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp	n individual primarily for a perso oses. 28 U.S.C. § 159.	nai,
Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. S 5,252.00 Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00		Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.	art of the form. Check this box ar	nd submit
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00	8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	\$ 5,252.00
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00	9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	PPPET 2 alvas ti finale nementante e populación de camera per commencia com esta de la commencia de commencia	er det und eine eine der der der der der der der der der de
9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$\frac{0.00}{0.00}\$			Total claim	
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$\frac{0.00}{3.00}\$		9a. Domestic support obligations (Copy line 6a.)	\$0.00	
9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 45,283.00 \$ 0.00		9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00		9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00		9d. Student loans. (Copy line 6f.)	\$45,283.00	
		9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	s0.00	
9g. Total. Add lines 9a through 9f. \$ 45,283.00		9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	
1.0. 1.2. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		9g. Total. Add lines 9a through 9f.	\$\$	

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Document Page 10 of 65 Fill in this information to identify your case and this filing: Beverly Sherrell Debtor 1 Reed First Name Debtor 2 (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: Northern District of Illinois ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 in each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land Investment property Timeshare Describe the nature of your ownership City State ZIP Code interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? Land Investment property Describe the nature of your ownership ☐ Timeshare State ZIP Code interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only

At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

☐ Check if this is community property

(see instructions)

Debtor	First Name Mid				
1.3	Street address, if availa	ble or other despirition	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	the amount of any secu	claims or exemptions. Put red claims on Schedule D aims Secured by Property
	or our address, if availa	sie, or other description	Duplex or multi-unit building Condominium or cooperative	gang samang standard against an an dashir faring an in-	Current value of the
			Manufactured or mobile home	entire property?	portion you own?
			Land	\$	\$
			☐ Investment property		<u> </u>
	City	State ZIP Code		Describe the nature	of your ownership
			☐ Other	interest (such as fee the entireties, or a li	e simple, tenancy by
			Who has an interest in the property? Check one		ne estatej, ii knowii.
			Debtor 1 only		
	County	H-HH-HH-	Debtor 2 only		
			Debtor 1 and Debtor 2 only	Check if this is c	ommunity property
			☐ At least one of the debtors and another	(see instructions)	ommunity property
			Other information you wish to add about this is property identification number:	tem, such as local	
you r	ave attached for Part	1. Write that number	Il of your entries from Part 1, including any entrientere.	⇒ or pages	\$ 0.0
you o Jown t Cars,	Describe Your wan, lease, or have leg hat someone else drive vans, trucks, tractors	Vehicles gal or equitable intereses. If you lease a vehicle	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include any vehicle	\$
you o Jown t Cars,	Describe Your wan, lease, or have leg hat someone else drive vans, trucks, tractors	Vehicles gal or equitable intereses. If you lease a vehicle	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include any vehicle	
you o your own t Cars, \to No	Describe Your Very Win, lease, or have leg hat someone else drive vans, trucks, tractors	Vehicles gal or equitable interes es. If you lease a vehicles , sport utility vehicles	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include any vehicle and Unexpired Leases.	S
you o your our t Cars, \to No	Describe Your wan, lease, or have leg hat someone else drive vans, trucks, tractors s	Vehicles pal or equitable interes es. If you lease a vehicles , sport utility vehicles Chevy	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one.	not? Include any vehicle and Unexpired Leases.	s sims or exemptions. Put
you o your own t Cars, \to No	Describe Your Very Win, lease, or have leg hat someone else drive vans, trucks, tractors	Vehicles gal or equitable intereses. If you lease a vehicle , sport utility vehicles Chevy Twn & Cntry	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one.	not? Include any vehicle and Unexpired Leases.	s sims or exemptions. Put d claims on Schedule D.
you ou own to Cars, Ye	Describe Your wan, lease, or have leg hat someone else drive vans, trucks, tractors s	Vehicles pal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	not? Include any vehicle and Unexpired Leases. Do not deduct secured clathe amount of any secure	s sims or exemptions. Put d claims on Schedule D.
you ou ou own to Cars, Ye	Describe Your V wn, lease, or have leg hat someone else drive vans, trucks, tractors s Make: Model:	Vehicles gal or equitable intereses. If you lease a vehicle , sport utility vehicles Chevy Twn & Cntry	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	not? Include any vehicles and Unexpired Leases. Do not deduct secured class the amount of any secured Cireditors Who Have Claim	sims or exemptions. Put dictaims on Schedule Dins Secured by Property.
you ou own to Cars, Ye	wn, lease, or have leg hat someone else drive vans, trucks, tractors s Make: Model: Year:	Vehicles pal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	not? Include any vehicle and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property?	sims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
you ou own to Cars, Ye	wn, lease, or have leghat someone else drive vans, trucks, tractors Make: Model: Year: Approximate mileage:	Vehicles pal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	not? Include any vehicle and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the	sims or exemptions. Put d claims on Schedule D in Secured by Property. Current value of the
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you ou our to cars, \(\bigcirc \) No \(\bigcirc \) Ye \(3.1. \)	wn, lease, or have leg hat someone else drive vans, trucks, tractors s Make: Model: Year: Approximate mileage: Other information:	Vehicles gal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014 800	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	not? Include any vehicles and Unexpired Leases. Do not deduct secured class the amount of any secured Creditors Who Have Clain Current value of the entire property? \$12,020.00	sims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$0.00
you ou own to Cars, No Ye 3.1.	wn, lease, or have leghat someone else drive vans, trucks, tractors Make: Model: Year: Approximate mileage: Other information:	Vehicles gal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014 800	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	not? Include any vehicle and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$12,020.00	sims or exemptions. Put d claims on Schedule Dons Secured by Property. Current value of the portion you own? \$0.00
you ou own to Gars, I No I Ye 3.1.	wn, lease, or have leg hat someone else drive vans, trucks, tractors s Make: Model: Year: Approximate mileage: Other information:	Vehicles gal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014 800	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	not? Include any vehicles and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ 12,020.00	sims or exemptions. Put d claims on Schedule Dons Secured by Property. Current value of the portion you own? \$ 0.00
you ou own to Cars, I No Ye 3.1.	wn, lease, or have leghat someone else drive vans, trucks, tractors Make: Model: Year: Approximate mileage: Other information:	Vehicles gal or equitable intereses. If you lease a vehicles, sport utility vehicles Chevy Twn & Cntry 2014 800	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	not? Include any vehicle and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 12,020.00	sims or exemptions. Put d claims on Schedule Dons Secured by Property. Current value of the portion you own? \$ 0.00

Other information:

☐ Check if this is community property (see instructions)

	First Name Mixidie Name	Lasi Name Document Page 12 of 65 number		
3.3.	Make:	Who has an interest in the property? Check one	e o siot ocuart secrited	Claims or exemptions. Put
	Model:	Debtor 1 only	the amount of any secu	red claims on Schedule D aims Secured by Property
	Year:	Debtor 2 only	most continue report to the interest in the property of the continue of the co	Charles and the Control of the Contr
	Approximate mileage:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of ti portion you own?
	Other information:	- At least one of the debtors and another		portion you only
		☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured of	laims or exemptions. Put
	Model:	Debtor 1 only	the amount of any secur	ed claims on Schedule D.
	Year:	Debtor 2 only	Creditors Who Have Cla	ims Secured by Property.
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the	
	Other information:	At least one of the debtors and another	entire property?	portion you own?
	Otter mornation.	Check if this is community property (see instructions)	\$	\$
ater (amp	oles: Boats, trailers, motors, person	's and other recreational vehicles, other vehicles, and accessonal watercraft, fishing vessels, snowmobiles, motorcycle accesso	sso ries vries	
amp	iles: Boats, trailers, motors, person	's and other recreational vehicles, other vehicles, and accessonal watercraft, fishing vessels, snowmobiles, motorcycle accesson	s sories vries	
No Ye:	iles: Boats, trailers, motors, person	's and other recreational vehicles, other vehicles, and accessonal watercraft, fishing vessels, snowmobiles, motorcycle accessonal watercraft. Who has an interest in the property? Check one.	ories	elvi i veger seitagye sa
No Ye:	es: Boats, trailers, motors, person	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clare the amount of any secure	d claims on Schedule D
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No Ye	Make: Model: Year: Other information: win or have more than one, list here	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
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No Yes	Make: Model: Other information: wn or have more than one, list here lake:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured class the amount of any secured Creditors Who Have Claim	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$ ms or exemptions. Put claims on Schedule Dans Secured by Property.
No Yes	Make: Model: Other information: win or have more than one, list here lake:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured class the amount of any secured Creditors Who Have Claim	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$

Part 3:	Describe	Your	Personal	and	Household	Items
---------	----------	------	----------	-----	-----------	-------

	o you own or have any legal or equitable interest in any of the following items?	portion	value of the you own? duct secured claim
6.	Household goods and furnishings	or exemp	ions.
	Examples: Major appliances, furniture, linens, china, kitchenware		
	Vas. Describe Furniture		
	i de la companya de	\$	50.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	☑ No		
	Yes. Describe	***************************************	
		\$	
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	₩ No		
	Yes. Describe	\$	
		Ψ	
	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No	Phil/Anthritonouslaburg	
	Yes. Describe	\$	
٠.			
	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☑ No		
	☑ Yes. Describe		
	— res. Describe	\$	
1. C	Clothes		
E	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	Yes. Describe Clothings		400.00
	Oloumigs	\$	100.00
2 I	eweiry	the management of	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
Г	⊇ No		
	2 Yes. Describe		40.00
_	Jewelry	\$	40.00
3. N	on-farm animals		
E	xamples: Dogs, cats, birds, horses		
	1 No		
	Yes. Describe	•	
	ny other personal and household items you did not already list, including any health aids you did not list	\$	
	No Yes. Give specific		
Z	r two take energic (1	
Z		S	
	information	\$	

Fist Name Middle Name Last Name Document Page 14 of 65 number (# known)_______

Debtor	
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Describe Your Financial Assets

~ 0 You Own or nave a	ny legal or equitable interest ii	any of the following?	Current value of the portion you own? Do not deduct secured clain or exemptions.
16. Cash <i>Examples:</i> Money ye	ou have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition	
☑ No	way our manes, myour no	me, in a sale deposit box, and on hand when you lie your petition	1
☐ Yes		Cash:	······ \$
4.74 00.01	ı, savings, or other financial acco r similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, brokerage ho nultiple accounts with the same institution, list each.	uses,
Ø No ☐ Yes		Institution name:	
	17.1. Checking account:	BMO Harris	\$ 0.00
	17.2. Checking account:		7
	17.3. Savings account:		
	17.4. Savings account:		
	17.5. Certificates of deposit:		
	17.6. Other financial account:		<u> </u>
	17.7. Other financial account:		· · · · · · · · · · · · · · · · · · ·
	17.8. Other financial account:		<u> </u>
	17.9. Other financial account:		T
	with a manager according.		\$
8. Bonds, mutual funds Examples: Bond funds 1. No 1. Yes		erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
	, Million	17 to 19	<u> </u>
	WWW.		\$
	700000000000000000000000000000000000000	And the second s	\$
	stock and interests in incorpor	ated and unincorporated businesses, including an interest in	
9. Non-publicly traded s an LLC, partnership,	and joint venture		
an LLC, partnership, No	and joint venture Name of entity:	% of ownership:	
an LLC, partnership, ✓ No ✓ Yes. Give specific	and joint venture Name of entity:		\$
an LLC, partnership, No	and joint venture Name of entity:	00%	\$ \$

First Name	Middle Name	Last Name DOCUMENT	Page 15 of 65 number (# kn	10Чит)
Sovernment and cor	Dorate bonds and o	ther negotiable and non-neg		ann an airmean ann a g-airmean an airmean an an an an an an an an an airmean an airmean an airmean an airmean
Negotiable instrument	s include personal cha	ecks cashiers' chacks noom:	income and a suit succession	
	nents are those you c	cannot transfer to someone by	signing or delivering them.	
☑ No				
Yes. Give specific information about	issuer name:			
them				Y
			19.00	\$
				\$ <u></u>
Retirement or pension				
≝xamples: Interests in -∡	IRA, ERISA, Keogh, 4	101(k), 403(b), thrift savings a	accounts, or other pension or profi	it-sharing plans
☑ No ☐ Yes. List each				
account separately.	Type of account:	Institution name:		
	401(k) or similar plan:			\$
	Pension plan:			
	IRA:			
	Retirement account:			•
	Keogh:			\$
	Additional account:			
	Additional account:			
				<u> </u>
ecurity deposits and	prepayments			
our share of all unused	deposits you have m	nade so that you may continue	e service or use from a company	
xamples: Agreements of ompanies, or others	with landlords, prepaid	d rent, public utilities (electric,	, gas, water), telecommunications	;
No				
Yes	Ins	stitution name or individual:		
	Electric:	33 74 14 14 14 14 14 14 14 14 14 14 14 14 14		\$
	Gas:		V410h	
				•
	Heating oil:			
	_			
	_	tal unit:		\$
	Security deposit on rent	tal unit:		\$ \$
	Security deposit on rent	tal unit:		\$\$
	Security deposit on rent Prepaid rent: Telephone:	tal unit:		\$\$\$\$\$

☐ Yes...... Issuer name and description:

23.

First Name Middle Nam	I DOC I FIEO 05/17/1 lerrell Beccument le Last Name	Page 16 of 65 number (if known)	-Vitation - Indiana - Indi
04 Internate to an all the second	e e e e e e e e e e e e e e e e e e e		
26 U.S.C. §§ 530(b)(1), 529A(b),	n an account in a qualified ABLE p and 529(b)(1).	огоgram, or under a qualified state tuition progra	m.
☑ No	(-)(-)		
YesIn	Stitution name and description Sec-	arataly file the manufacture in	_
	neme and description. Gepa	rately file the records of any interests.11 U.S.C. § 5	21(c):
_			<u> </u>
*****			\$
			\$
Trusts, equitable or future intere exercisable for your benefit	ests in property (other than anythi	ng listed in line 1), and rights or powers	
☑ No			
Yes. Give specific			
information about them			\$
Examples: Internet domain names	, trade secrets, and other intellect , websites, proceeds from royalties a	ual property and licensing agreements	man washaccan ²
No Proceedings			
Yes. Give specific information about them			MAN VANDALISATION OF THE PROPERTY OF THE PROPE
mornation about them			\$
Licenses, franchises, and other Examples: Building permits, exclus	general intangibles ive licenses, cooperative association	n holdings, liquor licenses, professional licenses	
☑ No		5 . ,	
Yes. Give specific	thm:property:equality		anna samua
information about them			\$
oney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
Tax refunds owed to you ☑ No			
Yes. Give specific information about them, including when	her	Federal:	\$
Yes. Give specific information about them, including when you already filed the return	s	Federal: State:	\$ \$
Yes. Give specific information about them, including when	s		\$ \$
Yes. Give specific information about them, including when you already filed the return and the tax years.	s	State:	\$ \$
Yes. Give specific information about them, including when you already filed the return and the tax years	S	State: Local:	\$
Yes. Give specific information about them, including when you already filed the return and the tax years	S	State:	\$
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Debtor 1	First Name Middle Name	Redcument F		
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	n insurance policies			
Examples:	Health, disability, or life insura	ance; health savings account (HSA)); credit, homeowner's, or renter's insurance	
Z No				
Yes. Na of	ame the insurance company each policy and list its value	Company name:	Beneficiary:	Surrender or refund value
				¢
				<u> </u>
				\$
If you are th	st in property that is due you ne beneficiary of a living trust, cause someone has died.	u from someone who has died expect proceeds from a life insurar	nce policy, or are currently entitled to receive	
Yes. Giv	ve specific information			SPERMINENCE AND ADMINISTRATION OF THE PROPERTY
	,	The state of the s		\$
. Ol-i	to a state of the same of the	A		
J. Ciaims aga.	nusc triiro parties, whether o	r not you have filed a lawsuit or	made a demand for payment	
	Accidents, employment dispute	es, insurance claims, or rights to su	e e	
☑ No		Provident and the second secon		
☐ Yes. Des	scribe each claim			THE RESIDENCE OF THE PARTY OF T
		\$ 100 mm		\$
Other contin	ngent and unliquidated clair	ns of every nature, including cou	interclaims of the debtor and rights	
to set on ca	aims		J	
☑ No				
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Eiled 05/17/17 Entered 05/17/17 12:26:42 Desc Main Debtor 1 Bocument Page 18 of 65 number (if known)_____ 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe..... 41. Inventory M No ☐ Yes. Describe... 42. Interests in partnerships or joint ventures ☐ Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ■ No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe..... 44. Any business-related property you did not already list ☑ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **∡** No Yes.....

	ent Page 19 of @ number (# known)	
48. Crops—either growing or harvested		
☑ No ☐ Yes. Give specific		And for a set to the section of the first production of the section of the sectio
information		\$
49. Farm and fishing equipment, implements, machinery, fixture		Y
MAI NO		
		•
50. Farm and fishing supplies, chemicals, and feed		¥
☑ No		
☐ Yes		
Any farm- and commercial fishing-related property you did no		\$
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2. Add the dollar value of all of your entries from Part 6, including		\$
for Part 6. Write that number here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ \$
art 7: Describe All Property You Own or Have a	in Interest in That You Bid Nat Link a	_
3. Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership No		bove
Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership		\$ \$ \$
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Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership No Yes. Give specific information. Add the dollar value of all of your entries from Part 7. Write that the country club membership List the Totals of Each Part of this Form Part 1: Total real estate, line 2	at number here	\$\$ \$\$ \$\$
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Fill in this in	nformati	ion to identify y	our case:	Docum	POT	Page 20 of	65	
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(Spouse, if filing)			Middle Name		ast Name	=======================================		
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sing the brob	eny you	listed on Schedu	ule A/B: Prop	<i>perty</i> (Official Fo	orm 106A/E	as your source	. list the property that y	ou claim as evernt if more
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iroment fun	de ma	u bo unlimited !	e exemplio	iis—such as t	nose for n	eaith aids, right	s to receive certain b	enefits, and tax-exempt
arement run	osma	y be unlimited i	n dollar am	ount. Howeve	r, if you cla	aim an exemptic	n of 100% of fair mar	ket value under a law that
iits the exer	nption t	o a particular de	ollar amoun	t and the valu	e of the pr	operty is detern	nined to exceed that a	mount, your exemption
ould be limit	ed to th	e applicable sta	tutory amoi	unt.				,,
art 1: Id	entify	the Property	You Claim	as Exempt				
			· ou olanii	as Exempt				
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Which set	of exen	nptions are you	claiming?	Check one only	, even if yo	our spouse is filing	g with you.	
							g with you.	
You ar	e claimi	ng state and fede	eral nonbank	ruptcy exempti	ons. 11 U.		g with you.	
You ar	e claimi		eral nonbank	ruptcy exempti	ons. 11 U.		g with you.	
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Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 21 of 65 number (# known)

Debtor 1

Additional Page

Brief descripti on Schedule A	Current value of the portion you own		Amount	of the exemption you claim	Specific laws that allow exemption	
		Copy th Schedu	e value from le A/B	Check on	ly one box for each exemption	1
Brief description:	Jewelry	. \$ <u></u>	40.00	∡ s	40.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	12			100%	of fair market value, up to pplicable statutory limit	
Brief description:	Checking Account	\$	0.00	4 \$	0.00	735 ILCS 5/12-1001(b)
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ine from Schedule A/B:				☐ 100% of	fair market value, up to cable statutory limit	

information to i			ment	Page 2
milion hatton to	dentity your case:			
Beverly	Sherrell	Reed		
First Name	Middle Name		Last Name	
g) First Name	Middle Name		Last Name	***************************************
s Bankruptcy Court	for the: Northern Distric	ct of Illinois		
r		·····		
	Beverly First Name g) First Name s Bankruptcy Court	First Name Middle Name g) First Name Middle Name s Bankruptcy Court for the: Northern District	Beverly Sherrell Reed	Beverly Sherrell Reed First Name Middle Name Last Name 9) First Name Middle Name Last Name Bankruptcy Court for the: Northern District of Illinois

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

0.00

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is peeded, convitte Additional Page fill it out number the posting and attack it to this form. On the top of

additional pages, write your name and c	py the Additional Page, fill it out, number the entries, ase number (if known).	and attach it to this	form. On the top o	fany
 Do any creditors have claims secured No. Check this box and submit this formation below Yes. Fill in all of the information below 	rm to the court with your other schedules. You have noth	ing else to report on	this form.	
Part 1: List All Secured Claims				
tor each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Ally Financial Creditor's Name	Describe the property that secures the claim:	_{\$18,707.00}	_{\$} 12,020.00	Continued to the last
PO BOX 380901 Number Street	Automobile			
Bloomington M 55438	As of the date you file, the claim is: Check all that apply. Contingent	J		

Bloomington M 55438 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Who owes the debt? Check one.	Nature of lien. Check all that apply.	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)	
At least one of the debtors and another Check if this claim relates to a community debt	Judgment lien from a lawsuit Other (including a right to offset)	
Date debt was incurred 01/15/2015	Last 4 digits of account number 7 1 3 5	
Creditor's Name Number Street	Describe the property that secures the claim: \$	se est traction (the Annual An
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Who owes the debt? Check one.	Nature of lien. Check all that apply.	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	 □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit 	
Chack if this claim relates to a	Other (including a right to offset)	

☐ Check if this claim relates to a

community debt Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

18,707.00

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		First Name	Middle Name		Lasi Name						
	Debtor 2 Spouse, if filing)	First Name	Middle Name		Last Name	****					
١,	Inited States	Panksuntau Court for the			cast name						
1	mileu Siales	Bankruptcy Court for the	: Northern Distric	ct of Illinois							
	lase number if known)									Check if amended	
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A/E cre nec	3: Property ditors with eded, copy additional	te and accurate as p party to any executo (Official Form 106A/ partially secured cla the Part you need, fi pages, write your n	ory contracts or /B) and on Schera aims that are list ill it out, number ame and case no	unexpired dule G: Exc ted in Sche the entries umber (if k	leases that a ecutory Con adule D: Creas in the boxenown).	could resu tracts and ditors Who	It in a claim. Als Unexpired Leas Have Claims So	es (Official Fo	ry contra	cts on Sched . Do not inclu	<i>lule</i> ide any
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	nonpriority a unsecured of	your priority unsecut listed, identify what ty amounts. As much as claims, fill out the Con	pe of claim it is. If possible, list the itinuation Page of	i a claim na claims in al Part 1. If m	s both priority phabetical or lore than one	y and nonpi der accordi creditor ho	riority amounts, lis ing to the creditor olds a particular ci	st that claim he	re and sho	w both priority	
-, ' '	(For an exp	lanation of each type	of claim, see the	instructions	for this form	in the instr	uction booklet.)	Nisidad minutayayaya nenga	restruction of the first	ewite-nei-ei-ewit-er-er-nutz-niu-	of a thomas in a side of the same
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	Number	Street									
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Part 2:	List All	of Your	NONPRIORITY	Unsecured	Claims
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Last 4 digits of account number 7 1 3 5 13,607.00	3.	Do any creditors have nonpriority unsecured claims ag No. You have nothing to report in this part. Submit this to Yes	
Last 4 digits of account number 7 1 3 5 13,607.00	4.	included in Part 1. If more than one creditor holds a particul	3CD Claim For each claim listed, identify what type of claim it is. Do not list claims also also
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Part 2:

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Part 2:

Capital One Bank USA Nonpriority Creditor's Name	NA NA	·····	Last 4 digits of account number 7 1 3 5	\$ 2,923.
PO BOX 30281			When was the debt incurred? 05/07/1999	
Number Street Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
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At least one of the debtors ar	nd another		Student loans	
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Nonpriority Creditor's Name			-	\$ <u>Z,03Z.(</u>
PO BOX 108			When was the debt incurred? $06/14/2013$	
Number Street	***************************************		As of the date you file, the claim is: Check all that apply.	
Saint Louis	MO	63166		
Sity	State	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Checi	k one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Lisputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	d another		Obligations arising out of a separation agreement or divorce that	
$oldsymbol{\square}$ Check if this claim is for a	community debt		you did not report as priority claims	
s the claim subject to offset?	ı ·		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify <u>Credit Card</u> 	
Z No			Girel. Specify Of Gara Gara	
Yes				
art tamas menenankan kan kendengan kedelah didak dituksan dengan beranasan kendangan pengengan saharan dibanasa	ontanta terinta (ala la	aner milmilika delaktirika delaktirika delaktirika pertengan per enzymen kerintara seria permen		**************************************
SYNCB/BP			Last 4 digits of account number 7 1 3 5	· White
lonpriority Creditor's Name PO BOX 965024			When was the debt incurred? 10/07/1999	
umber Street			As of the date you file, the claim is: Check all that apply.	
Orlando itv	FL	32896		
ny	State	ZIP Code	Contingent	
/ho incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Disputsu	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	l another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
the claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify. Charge Account 	
No Yes			Other: Specify Criticitys Account	

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Part 2:

Kohls Department Store			Last 4 digits of account number 7 1 3 5		
Nonpriority Creditor's Name	3		05.000044	\$	27
PO BOX 3115 Number Street		······································	When was the debt incurred? 05/30/2011		
Milwaukee	WI	53201	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 onlyAt least one of the debtors and	I another		Student loans Obligations prints and of a constitution of the state of the		
Check if this claim is for a	community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		
Is the claim subject to offset? ☑ No ☐ Yes			☑ Other Specify Charge Account		
Medical Business Burea	dannenscrappsportetejärintelääästestestesäisillapungspung I	CONTINUENTIAN HAR PERO PERO PERO PERO PERO PERO PERO PER	Last 4 digits of account number 7 1 3 5	**************************************	79
Nonpriority Creditor's Name 1460 Renaissance Dr 4	00		When was the debt incurred? $05/12/2016$		
Number Street Park Ridge	IL	60068	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Who incurred the debt? Check	one		Unliquidated		
Debtor 1 only	one.		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify Swedish Emergency Assoc		
Ž No ☑ Yes					
annana ara kennegan dan da bababahan kelanda kelanda kennegan dan pengangan	earnaman namen in raminarine kan kiki kiliki kitaniki kiki ala	ograping ng Angara ang manana ang manana ang mang manana ang manana ang manana ang manana ang manana ang manan Panggarang ng manana ang manana a		\$	656
Armor Systems Corp onpriority Creditor's Name			Last 4 digits of account number 7 1 3 5		
700 Kiefer Dr 1			When was the debt incurred? 08/02/2016		
umber Street Zion	IL	60099	As of the date you file, the claim is: Check all that apply.		
îty	State	ZIP Code	Contingent		
/ho incurred the debt? Check	one.		☐ Unliquidated☐ Disputed		
Debtor 1 only			□ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	16		☐ Student loans		
At least one of the debtors and Check if this claim is for a c			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	ommunity ucut		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other Specify Swedish Covenant Hospital		

Filtered 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 28 of 65

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. 2	C	ı.	L	1	Ŧ

Financial Control Servi	ce		Last 4 digits of account number 7 1 3 5	s 2
Nonpriority Creditor's Name PO BOX 668			When was the debt incurred? 05/06/2015	\$ <u></u>
Number Street Germantown	WI	53022	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an		ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	
☐ Check if this claim is for a Is the claim subject to offset? ☑ No ☐ Yes	community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify ACL Inc 	
Advocate Christ Medica	l Center	and the second section of the second section of the second section of the second second second second section sec	Last 4 digits of account number 7 4 4 1	\$ <u>54</u>
PO BOX 3039			When was the debt incurred? 12/15/2015	
Number Street Carol Stream Dity	IL	60197	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a state claim subject to offset? No Yes	another		 ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical 	
Advocate Medical Group	enant hander ook en gebruik en kommen en e	erit VII Militaria internazione di magni proprieta di Arbeita (Arbeita (Arbeita) e considerazione di Arbeita	Last 4 digits of account number 2 9 9 8	\$86
Onpriority Creditor's Name O BOX 92523			When was the debt incurred? $06/25/2015$	
umber Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.	
ty Tho incurred the debt? Check of Debtor 1 only	State one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a	another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c the claim subject to offset?	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	

Entered 05/17/17 12:26:42 Desc Main Pitch Name Document Page 29 of 65

ACL			Last 4 digits of account number 8 1 9 1	e.
Nonpriority Creditor's Name PO BOX 27901		**************************************	When was the debt incurred? 06/25/2015	\$
Number Street West Allis	WI	53227	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Chec	ck one.		Unliquidated Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 onlyAt least one of the debtors ar	ad agather		☐ Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	=		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset No Yes	?		Other Specify Medical	
Diagnostic Radiology S	pecialists	ak malancul ha alaman 174 a para 2844 c. Calanda (Sakasian) akhan alaman 174 a para 2844 c. Calanda (Sakasian)	Last 4 digits of account number 5 1 5	\$ <u> 1</u> .
Nonpriority Creditor's Name Department 4062			When was the debt incurred? 12/20/2015	
Number Street Carol Stream	IL	60122	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
After the state of			☐ Unliquidated	
Who incurred the debt? Check	cone,		☐ Disputed	
Debtor 1 only Debtor 2 only			Time of MONDBIODITY and a second of the	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	d another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community dobt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	_		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? ✓			Other. Specify Medical	
☑ No ☑ Yes				
	namanan (uman nepu ya pinger) dalah dikir dela dikir dalah dikir dikir dalah dikir dalah dikir dalah dikir dalah di	BARCHUROUNIS ASSAULT HERMEN	Last 4 digits of account number 1 4 9 7	_{\$_} 2,362
EOS CCA conpriority Creditor's Name				
PO BOX 981002	**************************************	193-113-114-11-11-11-11-11-11-11-11-11-11-11-11	When was the debt incurred? 01/16/2017	
umber Street Boston	MA	02298	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Phone Survey and Addition of Addition and			Unliquidated	
/ho incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Tune of NONDDIODITY uses a visited alaims	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
Check if this claim is for a	community debt		you did not report as priority claims	
the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Mississippi Physicians LLP	
1 No			otner, specify ivilogiosippi Filysicians LLF	
Yes				

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Last Name Document Page 30 of 65

Part 2:

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Kansas City Kansas Co	mmunity Coll	ege	Last 4 digits of account number 7 7 9 5	s 1,207.00
7250 State Avenue			When was the debt incurred? 06/30/2014	
Kansas City	KS	66112	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one		Unfiquidated	
Debtor 1 only			Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_ Education	
☑ No				
☐ Yes				
Lexington Urgent Care F		CONTRACTOR OF THE STATE OF THE	Last 4 digits of account number $\frac{7}{2}$ $\frac{1}{2}$ $\frac{3}{2}$ $\frac{5}{2}$	\$ 85.00
Nonpriority Creditor's Name	LLO		-	ş <u> </u>
1701 Nicholasville RD S	TE 100		When was the debt incurred? 02/22/2015	
Lexington	KY	40503	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	nne		Unliquidated	
Debtor 1 only	,,,,,,		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		you did not report as priority claims	
is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	
Mo No			one: Specify Wicardai	
☐ Yes				
Midwest Diagnostic Patho			Last 4 digits of account number 4 3 7 7	ş <u>22.00</u>
Nonpriority Creditor's Name	ology, SC			1
PO BOX 578 Number Street			When was the debt incurred? 12/14/2015	***************************************
Park Ridge	IL	60068	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	77.7
18/hn incomed the debth Oberland			Unliquidated	1 60.0
Who incurred the debt? Check or Debtor 1 only	ne,		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				# :
At least one of the debtors and a	nother		 Student loans Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a co	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	men od prode Manda
is the claim subject to offset?			✓ Other. Specify Medical	as and
☑ No			-	
Yes				

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C 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main

Last Name Document Page 31 of 65

Part 2:

$\overline{}$	er listing any entries on this page, number them be	eynning With 4	r.+, rollowed by 4.5, and so forth.	To	tal claim
6.4 6.5 6.6	Northshore Pathology Consultants, S.C. Nonpriority Creditor's Name		Last 4 digits of account number 4842	\$	39.00
	PO BOX 1509		When was the debt incurred? 10/06/2014		
		60121	As of the date you file, the claim is: Check all that apply.		
	City State Zif Who incurred the debt? Check one. Debtor 1 only	P Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? ✓ No ☐ Yes		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical		
	P&B Capital Group, LLC	SCH-CHICACADA CADA CARRA C	Last 4 digits of account number 6 7 4 8	**************************************	216.00
į	Nonpriority Creditor's Name 455 Center Road		When was the debt incurred? 11/02/2016		
ĩ	Number Street	4004	As of the date you file, the claim is: Check all that apply.		
_		4224 Code	Contingent		
١	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only		Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
(At least one of the debtors and another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Synchrony Bank		
6	M No □ Yes		Other. Specify Synchrony Bank		
	Pulmonary & Critical Care Consultants	this felicians the felician felicians and a second association for the property of the second association for the second associat	Last 4 digits of account number 9 7 3 7	\$	29.00
N Z	Nonpriority Creditor's Name 700 E Ogden Ave Suite 202	, -1 .	When was the debt incurred? $02/21/2016$		
	Number Street Westmont IL 60	0559	As of the date you file, the claim is: Check all that apply.		
C		Code	Contingent Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts		
¥	s the claim subject to offset? A No 1 Yes		Other. Specify Medical		

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C 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 32 of 65

Part 2:

r usung any entries on this	page, number th	em beginning wi	ith 4.4, followed by 4.5, and so forth. Total clai		
Quest Dionostics Nonpriority Creditor's Name			Last 4 digits of account number 7 1 3 5	\$200.0	
PO BOX 740397			When was the debt incurred? 04/04/2017		
Number Street Cincinnati	ОН	45274	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Chec	kone		Unliquidated		
Debtor 1 only	COIIC.		Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors an			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other. Specify Medical		
Mo □ Yes					
OF WORLDON'S DON'S THAT IN THE FORM AND THE OWN AND TH	poddonach er en seizh e zi zangiz en en en annonen elektriste de le seizh elektriste de le seizh elektriste de	tad-tud-entriliproxy (4485-940) ili 14 0 14 000 ilido-tail-tail-tail-tail-tail-tail-tail-tail		an general and an all an all and a characteristic species and an all an all and a characteristic species and a	
Synchrony Bank			Last 4 digits of account number 8 4 3 2	s409.00	
Nonpriority Creditor's Name			When was the debt incurred? 11/30/2016		
PO BOX 965064 Number Street					
Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and	auatha		☐ Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify Collection Account		
Z No					
Tyes	ndi rimanowowanjay wyezo nazwar namakoweniki tolek			COO A.S. -MINISTER, SAMMINISTER, SAMMINISTE	
Mississippi Baptist			Last 4 digits of account number 7 1 3 5	\$1,832.00	
Mississippi Baptist onpriority Creditor's Name	***************************************		When was the debt incurred? 08/31/2016		
'5 Remittance Drive, Ste	2 1151		When was the debt incurred? <u>08/31/2016</u>		
umber Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
/ho incurred the debt? Check	ana.		Unliquidated		
Debtor 1 only	JIIG.		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and	another		Student loans Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other. Specify Medical		
Í No I Yes			•		

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Part 2:

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Carter-Young, Inc			Last 4 digits of account number 7 1 3 5	s 1,424.0
882 N. Main St. Suite 120 Number Street			When was the debt incurred? 03/07/2016	Ψ
Conyers	GA	30012	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
•••			Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and anoth	or		☐ Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a comm	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Collection Account	
☑ No				
☐ Yes				
Advocate Christ Medical Cen	de dischere enterprise propriet production de la constitution de la co	and a second	Last 4 digits of account number 4 9 0 9	
Nonpriority Creditor's Name	iter		= 10 0 0	\$ <u>337.0</u>
PO BOX 4256	·		When was the debt incurred? 01/18/2015	
Carol Stream	iL	60197	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Who increased the details of			Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and anothe	r		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other Specify Medical	
ã∕No ☑ Yes				
	SPATTIVA SI SI SA	and and the second section of the secti		s 670.00
Advocate Medical Group popriority Creditor's Name		· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 9 4 9 4	·
400 W 95th Street, Suite 207	7	ta-ta-	When was the debt incurred? $05/15/2017$	
)ak Lawn	IL	60453	As of the date you file, the claim is: Check all that apply.	
ty		ZIP Code	Contingent	
			Unliquidated	
ho incurred the debt? Check one.			☐ Disputed	
Debtor 1 only				
Debtor 2 and Debtor 3 and			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other. Specify Medical	
No Yes				

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Part 2:

Advocate Medical Group		Last 4 digits of account number 2 9 9 8	Total clai
Nonpriority Creditor's Name PO BOX 92523		When was the debt incurred? 08/28/2014	\$ <u> </u>
Number Street Chicago IL	60675	As of the date you file, the claim is: Check all that apply.	
City State Who incurred the debt? Check one.	ZIP Code	Contingent Unliquidated	
Debtor 1 only Debtor 2 only		☐ Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
☐ Check if this claim is for a community de is the claim subject to offset? ☑ No	bt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
Yes			
Advocate Christ Medical Center Nonpriority Creditor's Name	each chainman ann an Thomas (a sea All Colon Chairman ann an Anna Anna Anna Anna Anna Anna	Last 4 digits of account number 8 2 6 5	\$ 246.0
PO BOX 4256		When was the debt incurred? 07/20/2014	
Number Street Carol Stream IL	60197	As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community deb s the claim subject to offset?	t	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
☑ No ☑ Yes		Other. Specify Weditcar	
Collection Department	ann an meangre a training an deal ann a	Last 4 digits of account number 9 0 5 0	\$17.0
onpriority Creditor's Name PO BOX 27901		When was the debt incurred? 05/04/2015	
umber Street Vest Allis WI	53227	As of the date you file, the claim is: Check all that apply.	
ity State	ZIP Code	Contingent Unliquidated	
/ho incurred the debt? Check one.		☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I Check if this claim is for a community debt the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify ACL - Sunnette Varnadosmith	
No Yes		other: Specify ACL * Suffriette VarnauosiiIIth	

First Name Last Name Document Entered 05/17/17 12:26:42 Desc Main Page 35 of 65

Part 2:

NCO Financial Systems, Inc		Last 4 digits of account number 0 6 1 9	s 134.0
PO BOX 15609		When was the debt incurred? 08/19/2014	
Number Street Wilmington	DE 19850	As of the date you file, the claim is: Check all that apply.	
	ate ZIP Code	☐ Contingent	
Who incurred the debt? Check one.		☐ Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONDBIODITY upgarant alains	
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	/ debt	you did not report as priority claims	
Is the claim subject to offset?	,	Debts to pension or profit-sharing plans, and other similar debts	
M No		☑ Other. Specify Medical - Care Centrix	
Yes			
Financial Control Solutions Nonpriority Creditor's Name		Last 4 digits of account number 7 9 1 4	\$ 99.00
PO BOX 668		When was the debt incurred? 01/05/2015	
lumber Street			
Germantown V	/I 53022	As of the date you file, the claim is: Check all that apply.	
ity Sta	te ZIP Code	Contingent	
Vho incurred the debt? Check one.		Unliquidated	
Debtor 1 only		Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims	
the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_Medical	
¶ No		other. Specify IVIEUICAI	
] Yes			
. Joseph MD		Last 4 digits of account number 7 1 3 5	\$ 30.00
onpriority Creditor's Name N320 Red Barn Ln umber Street		When was the debt incurred? 08/18/2015	
it. Charles IL	60175	As of the date you file, the claim is: Check all that apply.	
y State		Contingent	
he turning the detector of the		Unliquidated	
ho incurred the debt? Check one.		☐ Disputed	
Debtor 1 only Debtor 2 only		Time of MONDDIODIES	
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community of	lebt	you did not report as priority claims	
the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
No		Other. Specify Medical	
Yes			

Prist Name Niddle Name Last Name Document Entered 05/17/17 12:26:42 Desc Main Page 36 of 65

Part 2:

Arnold Scott Harris, P.C	···		Last 4 digits of account number 7 1 3 5	\$	62
Nonpriority Creditor's Name 111 West Jackson Bouleva	ırd, Suite (300	When was the debt incurred? 10/05/2014	Ψ	
Number Street Chicago	IL	60604	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			☐ Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and ano	ther		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a com	munity debt		you did not report as priority claims		
s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify EMS		
Mo □ Yes					
The Yes	55741/88896444 <u>456misedaskumppyyttimingsy</u>				
Advocate Medical Group			Last 4 digits of account number 5 5 7 5	\$	1
Ionpriority Creditor's Name			When was the debt incurred? 07/21/2015		
PO BOX 92523					
Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and anoth			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a comm	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other. Specify Medical		
No No					
) Yes					
firaMed Revenue Group, Li	C		Last 4 digits of account number 0 3 6 9	\$	25
onpriority Creditor's Name			•		
Dept 77304 PO BOX 77000			When was the debt incurred? 03/24/2015		
imber Street Detroit	МІ	48277	As of the date you file, the claim is: Check all that apply.		
У	State	ZIP Code	Contingent		
ha inauread the dahta as-si			☐ Unliquidated		
ho incurred the debt? Check one. Debtor 1 only			☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsequend disim-		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another	er		Student loansObligations arising out of a separation agreement or divorce that		
Check if this claim is for a comm	unity debt		you did not report as priority claims		
the claim subject to offset?	·		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Medical		
No			Other. Specify Medical		

Person 17-1533 her red 05/17/17 12:26:42 Desc Main Page 37 of 65

Part 2:

Presence Saint Francis Ho	ospital		Last 4 digits of account number 8 0 3 0	\$	950.00
62406 Collection Center D	r		When was the debt incurred? $\frac{10/05/2014}{10/05/2014}$	*	
Number Street Chicago	IL	60693	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one	2		Unliquidated		
Debtor 1 only	••		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 onlyAt least one of the debtors and an	- Al		☐ Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a cor	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset? ✓ No			Other Specify Medical		
Yes					
Merchants Credit Guide Co)	nek tok kilos kilos kalanda makan kilos kilos kilos kalanda kalanda kilos kilos kilos kilos kalanda kalanda ka	Last 4 digits of account number 8 0 3 0	\$	13.00
Ionpriority Creditor's Name 223 W Jackson Blvd #700			When was the debt incurred? 07/21/2015		
lumber Street	**************************************				
Chicago	IL	60606	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
Debtor 1 only			·		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and ano	ther		Student loans		
Check if this claim is for a com	munity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		Í
I No			Other. Specify Collection Account		1
Yes	editessivity vivo vivo trodity educensis securensis epo				
Omitry Sukenik MD Onpriority Creditor's Name			Last 4 digits of account number 2 9 7 8	\$	14.00
447 W Talcott #304		1907000000	When was the debt incurred? 10/06/2014		100
Chicago	IL	60631	As of the date you file, the claim is: Check all that apply.		
У	State	ZIP Code	Contingent		
ho incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and anoti			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a comr	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		and the state of t
the claim subject to offset?			☑ Other. Specify Medical		
No Yes					£

Entered 05/17/17 12:26:42 Desc Main Page 38 of 65 Person 17-15339herlebc 1
First Name Middle Name Last Nam

	3
	-

Thomas J Chorba MI)		Last 4 digits of account number 3 2 6 2	s 4		
Nonpriority Creditor's Name 2740 W Foster #105	*******		When was the debt incurred? 10/06/2014	\$ 4		
Number Street Chicago	IL	60625	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Ch	State eck one.	ZIP Code	Contingent Unliquidated Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only At least one of the debtors			Student loans			
☐ Check if this claim is for	r a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
Is the claim subject to offset No Yes	ot?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical			
Advocate Medicla Gro		entico mestra des escicacion conscionos por NAS o sepera producimentamento es sociedos de	Last 4 digits of account number 2 9 9 8	\$ 213		
Nonpriority Creditor's Name PO BOX 92523			When was the debt incurred? 05/22/2014			
Number Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Che	ck one.		Unliquidated			
Debtor 1 only			☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			☐ Student loans			
At least one of the debtors a			Obligations arising out of a separation agreement or divorce that			
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
is the claim subject to offset	?		Other. Specify Medical			
₩ No			- Annual Control of the Control of t			
Yes	entra necessaria de la companya del la companya de			contental transmission and a second		
Newtown Crossing			Last 4 digits of account number 2 9 7 8	\$ 6,588.		
Nonpriority Creditor's Name 351 Foreman Ave		5 70 7 70 7 10 7 10 m to m	When was the debt incurred? 11/07/2014			
Number Street	······································	40508	As of the date you file, the claim is: Check all that apply.			
Lexington Bity	Ky State	ZIP Code	☐ Contingent			
Who incurred the debt? Chec	k one.		Unliquidated			
Debtor 1 only			☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			☐ Student loans			
At least one of the debtors ar	nd another		Obligations arising out of a separation agreement or divorce that			
Check if this claim is for a	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
s the claim subject to offset	?		Other. Specify_Collection Account			
Z No						
Yes						

Person 17-15339 her lette 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 39 of 65

Charter One Bank Nonpriority Creditor's Name			Last 4 digits of account number 7 1 3 5	s 1,00
33 W Grand Ave			When was the debt incurred? 05/15/2017	<u> </u>
Number Street Chicago	IL	60610	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for s the claim subject to offset ☑ No ☐ Yes	•		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Bank	
Harris & Harris Jonpriority Creditor's Name	And the company of th		Last 4 digits of account number 7 1 3 5	\$ <u>52</u>
111 W Jackson Blvd #	400		When was the debt incurred? 05/15/2017	
Chicago	IL	60604	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim is for a the claim subject to offset	d another	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account	
Midwest Diagnostic Par	hology, SC		Last 4 digits of account number 7 1 3 5	\$ 70
O BOX 578			When was the debt incurred? $05/15/2017$	
omber Street Park Ridge	IL_ State	60068 ZIP Code	As of the date you file, the claim is: Check all that apply.	
ho incurred the debt? Check		and world	☐ Contingent☐ Unliquidated☐ Disputed☐	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account	

Person 17-15333 her Pot 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 40 of 65

Part 2:

		amang kanang kanang pang pangkang arang pangkan pang pangkan pangkan pangkan pangkan pangkan pangkan pangkan p	
HSBC Bank Nonpriority Creditor's Name		Last 4 digits of account number 7 1 3 5	\$ 1,500.0
PO BOX 2013		When was the debt incurred? 05/15/2017	
Number Street Buffalo	NY 14240	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Who incurred the debt? Ch	eck one	Unliquidated	
Debtor 1 only	eck one.	☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors	and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is fo	r a community debt	you did not report as priority claims	
Is the claim subject to offse	et?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_Bank	
☑ No ☐ Yes			
Tes			
Carter-Young		Last 4 digits of account number 7 1 3 5	\$ 6,903.00
Nonpriority Creditor's Name			<u> </u>
882 N. Main St, Suite	120	When was the debt incurred? 05/15/2017	
Conyers	GA 30012	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Who incurred the debt? Che	and one	Unliquidated	
Debtor 1 only	ek one.	☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors a	and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for	a community debt	you did not report as priority claims	
Is the claim subject to offse	17	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Lexington Apt	
₩ No		Other, specify <u>Lexificity</u> App	
☐ Yes			
	ny namina dao isa'ny fivondrona ny naona na ao amin'ny faritr'i Amerika, ao amin'ny faritr'i Amerika, ao amin'n	7 4 9 5	_{\$} 68.00
Providea Health Partn Nonpriority Creditor's Name	ers, LLC	Last 4 digits of account number 7 1 3 5	
10260 W 191st St Suit	e 100	When was the debt incurred? 05/15/2017	
Number Street Mokena	IL 60448	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Who incurred the debt? Che	di ana	Unliquidated	
Debtor 1 only	ck one.	☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors a	nd another	 Student loans Obligations arising out of a separation agreement or divorce that 	
Check if this claim is for	a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset	7	Other. Specify Medical	
No			
Yes			

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Last Name Document Page 41 of 65 number (if known)

Part 2:

,,, ,				\$5.095e; \$5.094.0
Advocate Children Hos	spital		Last 4 digits of account number 7 1 3 5	s600
1675 Dempster St			When was the debt incurred? 05/15/2017	
Number Street Park Ridge	IL	60068	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Chec	k one.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors ar	d anathar		Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for	_		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset	?		Other Specify Medical	
Yes				
SCH Laboratory Physic	cians Sc	and the second s	Last 4 digits of account number 7 1 3 5	\$ 500
Nonpriority Creditor's Name 5145 N. California Ave			When was the debt incurred? 05/15/2017	
Number Street Chicago	IL	60625	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	CORE		Unliquidated	
Debtor 1 only	· Orio.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and			☐ Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset? ✓			✓ Other. Specify <u>Medical</u>	
Mo □ Yes				
Family Mobile	en e	nacu massana na tamana no no his ilini del Parista e Port Alemana (1944 e Port II). Il este de Port II) e Port	Last 4 digits of account number 7 1 3 5	\$25,
Nonpriority Creditor's Name PO BOX 37380			When was the debt incurred? 05/15/2017	
Number Street Albuquerque	NM	87176	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Sopular	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No			✓ Other. Specify Walmart TMobile	

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Last Name Document Page 42 of 65

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Newtown Crossing			On which entry in Part 1 or Part 2 did you list the original creditor?
351 Foreman Avenu	ue		Line 7.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		<u></u>	Part 2: Creditors with Nonpriority Unsecured Claims
Lexington	KY	40508	Last 4 digits of account number 7 1 3 5
City	State	ZIP Code	
City of Chicago EMS	<u> </u>	V-11/20/14/0-4	On which entry in Part 1 or Part 2 did you list the original creditor?
33589 Treasury Cer	nter		Line 8.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			✓ Part 2: Creditors with Nonpriority Unsecured
Chicago		20004	Claims
Chicago City	IL State	60694 ZIP Code	Last 4 digits of account number 5 2 2 8
United Recovery Se	rvice, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
18525 Torrence Ave	e. Suite C-6		Line 7.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
Lansing Dity	IL State	60438 ZIP Code	Last 4 digits of account number 7 1 3 5
Ressurection Health	Care		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 62314 Collection Ce	nter Dr		Line 8.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		***************************************	Part 2: Creditors with Nonpriority Unsecured
Chicago Dity	IL State	60693 ZIP Code	Last 4 digits of account number 5 5 7 3
MiraMed Revenue G	roup	11/17/2016/2016/2016/2016/2016/2016/2016/2016	On which entry in Part 1 or Part 2 did you list the original creditor?
Dept 77304 PO BOX	77000		Line 8.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	***************************************	, , <u>, , , , , , , , , , , , , , , , , </u>	Part 2: Creditors with Nonpriority Unsecured Claims
Detroit	MI	48277	
	State	ZIP Code	Last 4 digits of account number 8 0 3 0
Midwest Imaging Pro	fessionals	<u>.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 371863			Line 8.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
Pittsburgh	PA State	15250 ZIP Code	Last 4 digits of account number 8 0 3 0
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
out to			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	TO THE PARTY OF TH		Part 2: Creditors with Nonpriority Unsecured Claims
	•		Last 4 digits of account number
ty		ZIP Code	

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First Name Middle Name Last Name Document

Entered 05/17/17 12:26:42 Page 43 of 65 Desc Main

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total o	:laim
Total claims	6a. Do	mestic support obligations	6a.	\$	0.00
from Part 1	6b. Tax gov	ces and certain other debts you owe the vernment	6b.	\$	0.00
	6c. Cla into	ims for death or personal injury while you were oxicated	e 6c.	\$	0.00
		ner. Add all other priority unsecured claims. te that amount here.	6d.	+ \$	0.00
	6e. Tot	al. Add lines 6a through 6d.	6e.	\$	0.00
				Total c	aim
Total claims	6f. Stu	dent loans	6f.	\$	45,283.00
from Part 2	6g. Obli or d clai	igations arising out of a separation agreement livorce that you did not report as priority ms	6g.	\$	0.00
	6h. Deb sim	ts to pension or profit-sharing plans, and other ilar debts	r 6h.	\$	0.00
	6i. Othe Write	er. Add all other nonpriority unsecured claims. e that amount here.	6 i.	+ \$	45,162.00
	6j. Tota l	. Add lines 6f through 6i.	6j.	\$	90,445.00

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 44 of 65 Fill in this information to identify your case: Beverly Sherrell Reed Debtor Middle Nam Last Name Debtor 2 (Spouse If filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street City State ZIP Code 2.2 Name Number Street City State ZIP Code 2.3 Name Number Street City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street

State

ZIP Code

City

Official Form 106H Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill if and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your na case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor.) No	Debot 1 Bornellon to Identify your case: Debot 1 Bornellon Schedule	Check if this is armended filing Sherrell Reed Sherrell		mation to identify	erretion Higgs in respe	نادا فالمادات	mant Li	100./LS. OT hS		
Debtor 2 (Soous, fring) First Name Makin Name Last Name Check if this armended fit armended fit armended fit armended fit armended fit footens, are people or entitles who are also liable for any debts you may have. Be as complete and accurate as possible. If two marrieds re filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pages, fill in dinumber the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, mile in dinumber the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your na see number (if Monom). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) A No Yes Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No Yes. In Which community state or territory did you live? Fill in the name and current address of that person. Number Sizeet To Street To Street Column 1. Itst all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or costgner, Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E)F, or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, Inne Name Column 1. Your codebtor Street Column 2. The creditor to whom you owe the de Check all schedules E/F, line Schedule E/F, line Schedule E/F, line Schedule E/F, line	Petitor 2 Stocker 6 fifting Frentanc Makes Name Make	Pathone Pathone Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5	Debtor 1 Be		your case:			01 03		
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Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 46 of 65 Fill in this information to identify your case: Beverly Sherrell Reed Debtor 1 Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is: (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106I MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** Fill in your employment information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **M** Employed **Employment status** information about additional Employed employers. Not employed Not employed Include part-time, seasonal, or self-employed work. **Bus Operator** Occupation Occupation may include student or homemaker, if it applies. C.T.A Employer's name Employer's address 3112 W. Foster Number Street Number Street Chicago IL 60625 City State ZIP Code City State ZIP Code How long employed there? 10vrs 10yrs Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 5,252.00 3. Estimate and list monthly overtime pay. 5.252.00 Calculate gross income. Add line 2 + line 3.

Case 17-15331 Doc 1 Filed 05/17/17

Entered 05/17/17 12:26:42

Debtor 1

Beverly

Sherrell

Document

Page 47 of 65

Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here.... 5,252.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 934.00 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 647.00 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 316.00 5e. 5f. Domestic support obligations 5f. 67.00 5g. Union dues 5g. 5h. Other deductions. Specify: Def 457 & HC Trust 5h. 306.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 2,270.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 2,982.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 8d. Unemployment compensation 8d. 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 8g. 8g. Pension or retirement income 8h. Other monthly income. Specify: _ 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8q + 8h. 9. 10. Calculate monthly income. Add line 7 + line 9. 2,982.00 2,982.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,982.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☑ No. Yes. Explain:

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 48 of 65

Fill in this information to identi	on an action of the section of the s			
David		20793649003		
Debtor 1 Beverly First Name	Sherrell Reed Middle Name Last Name	Check if this i	s:	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	An amend	led filing	
United States Bankruptcy Court for the		☐ A supplen	nent showing pos	tpetition chapter 13
Case number			as of the followin	ng date:
(If known)		MM / DD / \	YYYY	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question Part 1: Describe Your Ho		ing together, both are equally resp n. On the top of any additional pag	onsible for supply es, write your nan	ying correct ne and case number
1. Is this a joint case?	useriolu			
No. Go to line 2.				
Yes. Does Debtor 2 live in a	separate household?			
No	1.00			
	le Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.	andantin distribut as distribute and an annual and the distribute special and an annual and the distribute special spe	
Do you have dependents? Do not list Debtor 1 and Debtor 2.	No Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	each dependent	Son	23	☐ No ☑ Yes
		Daughter	19	☐ No ☑ Yes
				□ No
				☐ Yes
				☐ No ☐ Yes
				☐ No
				Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			
Part 2: Estimate Your Ongoi	ng Monthly Expenses			
Estimate your expenses as of your	bankruptcy filing date unless you ar kruptcy is filed. If this is a suppleme	re using this form as a supplement ntal Schedule J, check the box at t	in a Chapter 13 co	ase to report and fill in the
	-cash government assistance if you it on Schedule I: Your Income (Offic		Your exper	
	xpenses for your residence. Include t	•	rour exper	PANNOTS COM TO MINISTER STANDARD COMMENTARION COMPANY
any rent for the ground or lot.		inst mongage payments and 4.	\$	500.00
If not included in line 4:				
4a. Real estate taxes		48	a. \$	
4b. Property, homeowner's, or re		41). \$ <u> </u>	
4c. Home maintenance, repair, a	,	40	\$	
4d. Homeowner's association or	condominium dues	40	I. \$	

Middle Name

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 49 of 65

Debtor 1

Beverly First Name

Sherrell

Reed

Case number (if known)_

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$200.00
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.		7.	\$ 550.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$ 100.00
10.	Personal care products and services	10.	\$ 120.00
11.	Medical and dental expenses	11.	\$ 200.00
12.	Transportation. Include gas, maintenance, bus or train fare.	, , ,	
	Do not include car payments.	12.	\$380.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$100.00
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$466.00
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
	Other payments you make to support others who do not live with you. Specify:	19.	\$
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom		*
40.	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$ \$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	20d.	\$
	206. Homeowner a association of condominant dues	20e.	Ψ

Filed 05/17/17 Case 17-15331 Doc 1 Entered 05/17/17 12:26:42 Desc Main Document Page 50 of 65 Debtor 1 Beverly Sherreli Reed Case number (if known) Other. Specify: Calculate your monthly expenses. 22a. Add lines 4 through 21. 2,916.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 2,916.00 23. Calculate your monthly net income. 2,982.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 2,916.00 23c. Subtract your monthly expenses from your monthly income. 66.00 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? M No. ☐ Yes. Explain here:

Fill In this information to identify your case:

Debtor 1 Beverly Sherrell Reed
First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number (If known)

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
	Did you pay or agree to pay someone who is NOT an	torney to help you fill out bankruptcy forms?
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
		Signature (Official Form 119).
:	Under penalty of perjury, I declare that I have read the that they are true and correct.	ummary and schedules filed with this declaration and
:	* Buely & Reed 3	
	Signature of Debtof	Signature of Debtor 2
	Date OB-15-17	Date

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 52 of 65

Debtor 1		entify your case:			
.0.0, 1	Beverly First Name	Sherrell Middle Name	Reed Last Name		
tor 2	g) First Name				
	-	Middle Name or the: Northern District	Last Name		•
numbe		and the state of t	OF MINIOIS		
own)					Check if this is
					amended filing
ficial	Earm 107				
	Form 107	noncial Affa	ivo for local	Haddan Button for Money	4
				lividuals Filing for Bank	
mation.	if more space is	needed, attach a sepa	arried people are i arate sheet to this	filing together, both are equally responsible form. On the top of any additional pages, w	for supplying correct rite your name and case
ber (if kr	nown). Answer ev	ery question.		, ,	•
rt 1: (Give Details Ab	out Your Marital S	tatus and Wher	e You Lived Before	
What is y	your current mari	tal status?			
☐ Marri					
⊠ Not r	married				
During ti	he last 3 years, ha	ave you lived anywher	re other than whe	re you live now?	
☑ No				, , , , , , , , , , , , , , , , , , , ,	
□ v					
₩ Yes.	List all of the place	es you lived in the last 3	3 years. Do not inc	lude where you live now.	
ys the	List all of the place	es you lived in the last 3	3 years. Do not inc	1947 – Frits British, Spring Breisker (british bering betreit in der Australia	Dates Debtor 2
ja ses	Harman Spagnor	es you lived in the last 3	egy, gyarana aras asaas	1947 – Frits British, Spring Breisker (british bering betreit in der Australia	Dates Debtor 2 lived there
ys the	Harman Spagnor	es you lived in the last 3	Dates Debto	1947 – Frits British, Spring Breisker (british bering betreit in der Australia	
Det	otor 1:	es you lived in the last 3	Dates Debto	1 Debtor 2:	lived there Same as Debtor
Det	Harman Spagnor	es you lived in the last 3	Dates Debto lived there	1 Debtor 2:	lived there
Det	otor 1:	es you lived in the last 3	Dates Debtor lived there	Same as Debtor 1	lived there ☐ Same as Debtor From
Det	mber Street	es you lived in the last 3	Dates Debtor lived there	Same as Debtor 1 Number Street	lived there Same as Debtor From To
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Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 53 of 65

otor 1	Beverly Sherrell	Reed	. Case ni	umber (if known)	
	First Name Middle Name Li	ast Name		-	
FIII I	you have any income from employment the total amount of income you receive are filing a joint case and you have in	ed from all jobs and all bus	sinesses, including part-ti	ime activities.	lendar years?
	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions ar exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$24,020.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year:	✓ Wages, commissions, bonuses, tips	ententia e tem mercia meste e e e e e e e e e e e e e e e e e e	☐ Wages, commissions, bonuses, tips	s
-	(January 1 to December 31, 2016 YYYY	Operating a business	·	Operating a business	Ψ
١	For the calendar year before that:	Wages, commissions, bonuses, tips		☐ Wages, commissions,	
	(January 1 to December 31, 2015	Operating a business	\$ 58,760.00	bonuses, tips Operating a business	\$
⊒ N	•	each source separately. D	o not include income that	t you listed in line 4.	
l Y₁	es. Fill in the details.	Debtor 1		Debtor 2	(Posee Propositional
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
1	From January 1 of current year until the date you filed for bankruptcy:	MPSM Market Mark	\$		\$
			-		\$
	For last calendar year:		\$		\$
	January 1 to December 31,2016 YYYY		\$ \$		\$\$
F	For the calendar year before that:		\$		\$
(January 1 to December 31, 2015				\$

Case 17-15331 Doc 1

Filed 05/17/17 Document Entered 05/17/17 12:26:42 Page 54 of 65

Desc Main

Debtor 1

Beverly

Sherrell

Reed

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. olimits Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other_ City State ZIP Code ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other__ State ZIP Code \$ ■ Mortgage Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors Other_ City State ZIP Code

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 55 of 65

otor 1	Beverly First Name	Sherrell Middle Name Las	Reed	Case number (if known)	DIMO TOWN
corpo agent such	ers include your in prations of which t, including one fo as child support	relatives; any general p you are an officer, dire or a business you oper	artners; rela ctor, person	tu make a payment on a debt you owed anyone who was an insider? latives of any general partners; partnerships of which you are a general partner; in in control, or owner of 20% or more of their voting securities; and any managing le proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations,	2000 Minimal VIII in
				Dates of Total amount Amount you still Reason for this payment payment owe	
i	Insider's Name			\$ \$	
ī	Number Street				
-					
	Cíty	State ZIP	Code		
Ī	nsider's Name	T- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		\$ \$	
Ī	Number Street		***************************************		
- -	ity	State ZIP (Code		
n ins nclude No	sider? e payments on d	ou filed for bankrupto ebts guaranteed or cos nts that benefited an in	signed by an sider.	make any payments or transfer any property on account of a debt that benefin insider. Dates of Total amount Amount you still Reason for this payment payment owe Include creditor's name	ited
in	nsider's Name	***************************************		\$	
N	umber Street		<u></u>		
Ci	ity	State ZIP C	ode		
3-	pidor's Names	MANAGAM PROJECTS AND	·····	\$\$	Mandanday koyayayaya qaraya
	sider's Name				
Nu	umber Street		-		

ZIP Code

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main

Document

Page 56 of 65

Debtor 1

Beverly Sherrell Reed Case number (if known) Middle Name Last Name

nin 1 year before you filed for bankr all such matters, including personal in contract disputes.	ruptcy, were you a party in ar njury cases, small claims action	ny lawsuit, court action s, divorces, collection s	n, or administrative pruits, paternity actions,	oceeding? support or custody modific
No				
Yes. Fill in the details.				
	Nature of the case	Court or age	ncy	Status of the cas
Case title		Court Name		Pending
		Number Street		On appeal Concluded
Case number		City	State ZIP Code	
denterativa en estado en estado en estado en estado en estado en entre en estado en entre en entre en estado e			,	er ar er er vinne sam inskriver fra regere sammen kommense ander er ar ar ar ar
Case title		Court Name		Pending On appeal
Case number	management of the second of th	Number Street		Concluded
	_	City	State ZIP Code	
o. Go to line 11.	elow. Describe the proj		Date	
ck all that apply and fill in the details be lo. Go to line 11. les. Fill in the information below. Creditor's Name	elow.			
lo. Go to line 11. es. Fill in the information below.	Describe the proj	perty		
lo. Go to line 11. les. Fill in the information below. Creditor's Name	Describe the prop			
lo. Go to line 11. les. Fill in the information below. Creditor's Name	Explain what hap Property wa	perty pened as repossessed. as foreclosed.		
lo. Go to line 11. 'es. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa	perty pened as repossessed. as foreclosed. as garnished.	Date	
lo. Go to line 11. es. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa	perty pened as repossessed. as foreclosed. as garnished. as attached, seized, or le	Date	Value of the properl
lo. Go to line 11. 'es. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa Property wa Property wa Property wa	perty pened as repossessed. as foreclosed. as garnished. as attached, seized, or le	Date	Value of the proper
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io. Go to line 11. res. Fill in the information below. Creditor's Name Number Street City State Zife Creditor's Name	Explain what hap Property wa Property wa Property wa Property wa Property wa Explain what hapi Explain what hapi	penty pened as repossessed. as foreclosed. as garnished. as attached, seized, or le perty pened s repossessed. s foreclosed.	Date	Value of the proper

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 57 of 65 Beverly Sherrell Reed

Case number (if known)

counts or refuse to make a payment I	kruptcy, did any creditor, including a bank or financial inst because you owed a debt?	
No		
Yes. Fill in the details.		
	Describe the action the creditor took	Date action Amount
Creditor's Name		was taken
Sicular Sinding	THE PARTY OF THE P	
Number Street		\$
City State ZIP Code	Last 4 digits of account number: XXXX	
	and the state of a social transfer of the state of the st	
hin 1 year before you filed for bankru	uptcy, was any of your property in the possession of an as:	signee for the benefit of
ditors, a court-appointed receiver, a	custodian, or another official?	signee for the beliefit of
No		
Yes		
List Certain Gifts and Contri	butions	
thin 2 years before you filed for bankr No Yes. Fill in the details for each gift.	uptcy, did you give any gifts with a total value of more than	n \$600 per person?
No	uptcy, did you give any gifts with a total value of more than	n \$600 per person? Dates you gave the gifts
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	uptcy, did you give any gifts with a total value of more than	Dates you gave Value
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	uptcy, did you give any gifts with a total value of more than	Dates you gave Value
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Person's relationship to you _

Debtor 1

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ase 17-15331	Doc 1	Filed 05/17/17	Entered 05/17/17 12:26:42	Desc Ma	
		Document	Page 58 of 65		

Debtor 1

	Beverly First Name	Sherrell Middle Name	Reed Last Name	Case number (#known)
		e you filed for bank	ruptcy, did you give a	any gifts or contributions with a total value of more than \$600 to any charity
	es. Fill in the de	tails for each gift or c		
-	Gifts or contribut that total more th		Describe what you	
Ċ	harity's Name		_	<u> </u>
_				\$
Ñ	umber Street			
C	ity State	ZIP Code	100 Bookson	
	_			
t 6:	List Certa	in Losses		
ş.,	the state of the s	a distribute espaga	abbig de Servicia	a kulika ji paka di kaba pangangangan kapada kabanga kubangan ki
	Describe the prop now the loss occu	erty you lost and	Describe any insu include the amount	t that insurance has paid. List pending insurance of Schedule A/B; Property. Date of your loss lost
	Describe the prop	erty you lost and	Describe any insu include the amount	rance coverage for the loss Date of your Value of property loss lost
	Describe the prophow the loss occu	erty you lost and	Describe any insu Include the amount claims on line 33 of	rance coverage for the loss Date of your Value of property loss lost
7/a ithi	List Certain 1 year before consulted about	erty you lost and irred Payments or Tra you filed for bankru seeking bankruptc	Include the amount claims on line 33 of ansfers uptcy, did you or anyony or preparing a bank	t that insurance has paid. List pending insurance of Schedule A/B: Property. S one else acting on your behalf pay or transfer any property to anyone
7:	List Certain 1 year before consulted about le any attorneys,	erty you lost and irred Payments or Tra you filed for bankru seeking bankruptc	Include the amount claims on line 33 of ansfers uptcy, did you or anyony or preparing a bank	t that insurance has paid. List pending insurance of Schedule A/B: Property. \$ one else acting on your behalf pay or transfer any property to anyone kruptcy petition?
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7: Ithii	List Certain 1 year before consulted about le any attorneys,	erty you lost and irred Payments or Tra you filed for bankru seeking bankruptcy bankruptcy petition p	Include the amount claims on line 33 of claims of claims on line 33 of claims on line 34 of c	t that insurance has paid. List pending insurance of Schedule A/B: Property. \$ one else acting on your behalf pay or transfer any property to anyone kruptcy petition?
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7: /ithin ou c clud	List Certain 1 year before consulted about le any attorneys, co.	erty you lost and arred Payments or Tra you filed for bankru seeking bankrupto bankruptcy petition pails.	Include the amount claims on line 33 of claims of claims on line 33 of claims on line 34 of c	t that insurance has paid. List pending insurance of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior one else for services required in your bankruptcy. Date of your loss Superior of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior of Schedule A/B; Property.
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//thinou coclud	List Certain 1 year before consulted about le any attorneys, 2 es. Fill in the deta berson Who Was Paid	erty you lost and irred Payments or Tra you filed for bankru seeking bankruptc; bankruptcy petition pails. State ZIP Code	Include the amount claims on line 33 of claims of claims on line 33 of claims on line 34 of c	t that insurance has paid. List pending insurance of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior one else for services required in your bankruptcy. Date of your loss Superior of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior of Schedule A/B; Property. Superior one else acting on your behalf pay or transfer any property to anyone kruptcy petition? Superior of Schedule A/B; Property.

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 59 of 65

Beverly Sherrell Reed Debtor 1 Case number (if know Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Street Number State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. M No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street State ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☑ No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street ZIP Code State Person's relationship to you Person Who Received Transfer Number Street

City

Person's relationship to you

ZIP Code

State

	Case 17	7-15331	Doc 1	Filed 05/17/17 Document	Entered 05/17/17 12:26:42 Page 60 of 65	Desc Main
Debtor 1	Beverly First Name	Sher	rrell Last Na	Reed	Case number (if known)	W4000000000000000000000000000000000000

√ No			
Yes. Fill in the details.			
	Description and value of the prope		Date transfer was made
Name of trust			
+ 1000 Mark of a constraint of the constraint of	anni na anni		
8: List Certain Financial Accou	ints, Instruments, Safe Deposit	Boxes, and Storage Units	
vithin 1 year before you filed for bankr	uptcy, were any financial accounts (or instruments held in your name, or	for your benefit,
losed, sold, moved, or transferred?			
nclude checking, savings, money mark rokerage houses, pension funds, coo	(et, or other financial accounts; certi- peratives, associations, and other five	ficates of deposit; shares in banks,	credit unions,
Ž No	perauves, associations, and other m	anciai institutions.	
Yes. Fill in the details.			
	Last 4 digits of account number	Type of account or Date account instrument closed, sold	
		or transferre	
Name of Financial Institution	wateries .	_	
	xxxx	Checking	\$
Number Street	washing to the state of the sta	☐ Savings	
		Money market	
		☐ Brokerage	
City State ZIP Code	******	Other	
The street of the second secon	The second se	en en transmission de la companya d	Victoria de la composição de mentra de composições de composições de composições de composições de composições
	XXXX-	☐ Checking	\$
Name of Financial Institution		☐ Savings	¥ <u></u>

Number Street		Money market	
	<u></u>	☐ Brokerage	
		Other	
City Code 700 c. s.			
City State ZIP Code	<u> </u>		
o you now have, or did you have withi	n 1 year before you filed for bankrup	tcy, any safe deposit box or other de	epository for
o you now have, or did you have within curities, cash, or other valuables?	n 1 year before you filed for bankrup	tcy, any safe deposit box or other d	epository for
o you now have, or did you have withing curities, cash, or other valuables? No	n 1 year before you filed for bankrup	tcy, any safe deposit box or other de	epository for
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o you now have, or did you have withing curities, cash, or other valuables? No			Do you still have it?
o you now have, or did you have withing curities, cash, or other valuables? No Yes. Fill in the details.	Who else had access to it?		Do you still have it?
o you now have, or did you have withing curities, cash, or other valuables? No			Do you still have it?
o you now have, or did you have within curities, cash, or other valuables? No I Yes. Fill in the details. Name of Financial Institution	Who else had access to it?		Do you still have it?
o you now have, or did you have withing curities, cash, or other valuables? No Yes. Fill in the details.	Who else had access to it?		Do you still have it?

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 61 of 65

Debtor 1	Beverly First Name	Sherrell Middle Name	Reed	Case number (if known)	
	, act talle	middle Natite	astivane		
22. Have	you stored pro	perty in a storage un	it or place other than yo	our home within 1 year before you filed for bankruptcy?	
MAT N	lo		•	,	
∟ Y	es. Fill in the de	etails.	te de la companya de	Control (1912) (Instablish Agrican) na mari titi navida (Instablish Agrica)	an makasan jiyan m
			Who else has or had a	소리를 보고 있다면 가장 그는 것이 되었다면 하는 그 집 전환 경험을 다 하지 않아 보다는 것이 되었다면 하는 것이 없다면 하는데 없다.	Do you still have it?
					□ No
	Name of Storage Fa	acility	Name		Yes
	Number Street		Number Street		
				Service of the servic	
			City State ZIP Code		
	City	State ZIP Code	a. Na mata-kamanan menganya kangkan dalah salah salah		
Part 9:	Idontific	Dranamir Van Hale	l an Caméral &		
			or Control for Some		*
or he	ou nota or cont old in trust for s	rol any property that someone.	someone else owns? ir	include any property you borrowed from, are storing for,	
⊠ №					
U Y	es. Fill in the d	etails.			
			Where is the property?	? Describe the property Value	В
	Owner's Name		.		
	Owner 3 Name			<u>\$</u>	
	Number Street	· · · · · · · · · · · · · · · · · · ·	- Number Street		
			·		
	City	State ZIP Code	City	State ZIP Code	
Part 10	Give Deta	ails About Environ	mental information	Territor in a contract in the contract of the	

		10, the following det		regulation concerning pollution, contamination, releases of	
hazai	rdous or toxic s	ubstances, wastes,	or material into the air, la	land, soil, surface water, groundwater, or other medium,	
				se substances, wastes, or material.	
Site r utilize	neans any local e it or used to o	tion, facility, or prope wn. operate. or utiliz	erty as defined under an e it, including disposal :	ny environmental law, whether you now own, operate, or sites.	
				es as a hazardous waste, hazardous substance, toxic	
			, contaminant, or simila		
Report a	Il notices, relea	ses, and proceeding	s that you know about, i	regardless of when they occurred.	
24. Has a	nv government:	al unit notified you th	at you may be liable or	r potentially liable under or in violation of an environmental law?	
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⊠ №	o es. Fill in the de	tolla			
T (sə. Fili ill üle Qe	tans.	Governmental unit	Environmental law, if you know it	notics
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Na	me of site		Governmental unit	and the second second	Production and t
Nu	imber Street		Number Street		
			City City	710.6	
			City State	ZIP Code	

City

ZIP Code

State

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 62 of 65 Sherrell Reed Debtor 1 Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? M No ☐ Yes. Fill in the details. Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code City State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ZI No Yes. Fill in the details. Status of the Case title Pending Court Name On appeal Number Street Concluded Case number City Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation Mo. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. Business Name Number Street

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 63 of 65

Beverly Sherrell Reed Debtor 1 Case number (if known) **Employer Identification number** Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed From _____ To ____ State ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☑ No ☐ Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City State ZIP Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Ø No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? M No

Yes. Name of person_

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Document Page 64 of 65

Fill in this inf	formation to ide	entify your case:		
Debtor 1	Beverly	Sherrell	Reed	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court fo	or the: Northern District	of Illinois	
Case number				
(if known)			• *************************************	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: information below.	Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the			
Identify the creditor and the property that is collateral	What do you intend to do with the property the secures a debt?			
Creditor's name: Ally Financial	Surrender the property.	□ No ☑ Yes		
Description of Automobile property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	¥ Yes		
securing dest.	Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	□ No		
name:	Retain the property and redeem it.	☐ Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
g	Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	□ No		
name:	☐ Retain the property and redeem it.	Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
	Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	□ No		
name:	Retain the property and redeem it.	☐ Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
	Retain the property and [explain]:	www.		

Case 17-15331 Doc 1 Filed 05/17/17 Entered 05/17/17 12:26:42 Desc Main Page 65 of 65

Deblor 1

Document Reed Beverly

Case number (If known)

or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), ill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet nded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed?		
Description of leased property:	dem tite til et i til en em mångra de koper ock proming og koper ock en en en em en en eg e	Yes
Lessor's name:		□ No
Description of leased property:		☐ Yes
Lessor's name:		□ No
Description of leased property:		☐ Yes
Lessor's name:	an Australia in November (1966) March (1966) Ann an Aire Chairmean (1966)	
Description of leased property:	***************************************	Yes
Lessor's name:		□ No
Description of leased property:	т вент то вечен в вене на на село пото на под на под под на на на на	Yes
Lessor's name:		□ No
Description of leased property:		Yes
Lessor's name:		□ No
Description of leased property:	e en	Yes
Inder penalty of perjury, I declare that I have sonal property that is subject to an une	expired lease.	property of my estate that secures a debt and any
Delicity S- Read Signature of Debter 1	Signature of Debtor 2	
Signature of Debigi 1	Signature of Debtor 2	